

SEP 01 2006

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**FAX TRANSMISSION**Total 15 pages, including cover sheet

To: Commissioner of Patents  
U.S. Patent and Trademark Office Fax no.: (571) 273-8300

From: Jeffrey P. Kushan  
Tel. (202) 736-8000

Date: September 1, 2006

Re:

Serial No.: 10/660,128

Group Art Unit: 1646

Confirmation No.: 7401

Examiner: Claire M. Kaufman

Filed: Sept 11, 2004

Atty. Docket No.: 22338-01016

Applicant: Avi Ashkenazi

For: DR4 ANTIBODIES AND USES THEREOF

**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8**

I CERTIFY THAT THE FOLLOWING DOCUMENTS ARE BEING TRANSMITTED TO THE USPTO AT FAX NUMBER (571) 273-8300 THE DATE SHOWN:

1. Reply/Amendment Fee Transmittal including Petition for Extension - 5 months
2. Response to Restriction Requirement and Amendment

YVONNE T. REGIS

PRINTED NAME

1 Sept 2006

DATE

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SEP 01 2006

<b>REPLY/AMENDMENT FEE TRANSMITTAL</b>		Attorney Docket No.	22338-01016	
		Application Number	10/660,128	
		Filing Date	September 11, 2003	
		First Named Inventor	Avi ASHKENAZI	
		Group Art Unit	1646	
AMOUNT ENCLOSED	0.00	Examiner Name	Claire M. Kaufman	

**FEE CALCULATION (fees effective 01/2006)**

CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	114	- 37 =	77	X \$50.00 =	\$ 3,850.00
INDEPENDENT CLAIMS	15	- 18 =	0	X \$200.00 =	0.00
Since an Official Action set an original due date of April 1, 2006 petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160);					\$2,160.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 6,010.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 6,010.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3"					

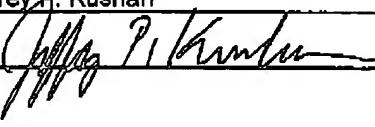
**METHOD OF PAYMENT**

<input type="checkbox"/>	Check enclosed as payment.
<input checked="" type="checkbox"/>	Charge "TOTAL FEES DUE" to the Deposit Account No. below.
<input type="checkbox"/>	No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).

**GENERAL AUTHORIZATION**

<input checked="" type="checkbox"/>	If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:
	Deposit Account No. 18-1260
	Deposit Account Name Sidley Austin LLP
<input checked="" type="checkbox"/>	The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

**SUBMITTED BY:**

Typed Name	Jeffrey P. Kushan	Reg. No.	43,401
Signature		Date	9/1/06